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2012 AUG -6 A 11:49

CLERK OF DISTRICT COURT  
DISTRICT OF NEVADA

CASE # 2:12-cv-00328-GMN-(CWH)

CERTIFICATE OF SERVICE

BY 4 DEPUTY

This is to certify that I, Dimitry Ivanov, have forwarded this date of  
5 July 19 2012 a true and correct copy of the above and foregoing document by  
6 US Mail, postage fully prepaid to:  
7

8  
9 GREGORY WILDE, ESQ.  
10 212 E. Jones BLV.  
11 LV NV 89107  
12

personally served  
ACCEPTED FROM:

Ch McKe  
CHelsa

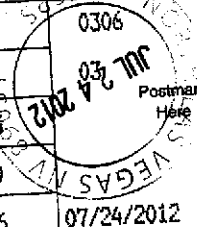
13  
14  
15  
16 DAVID MERRILL  
17 10161 PARK RUN DR.  
18 LV, NV 89145  
19 SEDM  
20

personally served  
ACCEPTED FROM  
Sadun Khan

7012 1010 0000 4443 91123

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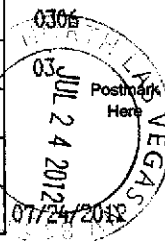
Postage	\$ 2.46	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.76</b>	

Sent To: *Office Pres. Golden W. SAV. ASS.*  
*Service Co., 201 S College St*  
 Street, Apt. No. or PO Box No.  
*4101 WISEMAN BLV*  
 City, State, ZIP+4  
*SAN ANTONIO, TX 78251*  
 PS Form 3800, August 2006 See Reverse for Instructions

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SAN ANTONIO TX 78251

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<b>Total Postage &amp; Fees</b>	<b>\$ 7.76</b>



Sent To: *Office Pres. Walworth, World*  
*Savings Golden W. SAV. ASS.*  
 Street, Apt. No. or PO Box No.  
*4101 WISEMAN BLV*  
 City, State, ZIP+4  
*SAN ANTONIO, TX 78251*  
 PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Office President*  
*Walworth, World Savings*  
*Golden W. SAV. ASS. Serv. Co.*  
*4101 WISEMAN BLV*  
*SAN ANTONIO, TX 78251*

2. Article Number  
(Transfer from service label)

7012 1010 0000 4443 9116

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *K.B.* ☐ Agent ☒ Addressee

B. Received By (Printed Name) *Kim Barnes* C. Date of Delivery *7/26*

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540